

# Carl Moyer Program Grant Disbursement Request Form

Please check box to indicate grant category:

☐ Regular Moyer

Fill out sections A, B, C & D

☐ Multidistrict

Fill out sections A & D

☐ RAP

Fill out sections A & D

## A. Amount of Funds Requested for this Disbursement

1. Air District: \_\_\_\_\_ Grant Number: \_\_\_\_\_

2. Disbursement request: Check all that apply ☐ Initial or 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ Final

3. ☐ An up-to-date Policies and Procedures manual for the District's Carl Moyer Program is maintained at the District's office.

4. Project Funds

Amount Requested:

5. Administration Funds

6. Total Funds Requested

\$ -

Make Warrant Payable to District:

Contact Person: \_\_\_\_\_

Address Number & Street: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

## B. Complete for Initial Disbursement

The District has met all stipulations listed on the District's Carl Moyer Program Grant Agreement. The total amount requested above (A.6) reflects:

Please check box a, b, or c:

a. ☐ My district's entire allocation of \$200,000 (for minimum allocation districts only).

b. ☐ Administration funds (A.5), and project funds (A.4) equaling 10 percent of my District's project funds or \$200,000, whichever is

c. ☐ Administration funds (A.5) and project funds (A.4) exceeding 10 percent of my District's project funds or \$200,000. In this case the

i. The most recent Yearly Report has been submitted to ARB. Grant disbursement approval will be subject to ARB's determination that the Yearly Report indicates expenditure milestones have been met, or if necessary, unexpended funds have been returned to ARB.

ii. The project funds requested (A.4) are equal to funds needed for the specific eligible projects that the District commits to fund. A list of these projects and funding amounts is attached.

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### C. Complete for Subsequent Disbursements (only for requests after initial disbursement)

- ☐ The District has met all stipulations listed on the District's Carl Moyer Program Grant Agreement and Authorization Form, and the
- i. The most recent Yearly Report has been submitted to ARB. Grant disbursement approval will be subject to ARB's determination that the Yearly Report indicates expenditure milestones have been met, or if necessary, unexpended funds have been returned to ARB.
  - ii. The project funds requested (A.4) are equal to funds needed for the specific eligible projects that the District commits to fund. A list of these projects and funding amounts is attached.

### D. Certification

I certify to the best of my knowledge and belief that the information in this Grant Disbursement Request Form is correct, complete, and in accordance with the Terms and Conditions of the Grant Agreement. Funds received from this disbursement will be expended on projects fully approved per my District's Policies and Procedures manual. I hereby authorize the Air Resources Board to make any inquiries to confirm this information.

\_\_\_\_\_  
**Signature of Authorized Program Official**  
**(Air Pollution Control Officer, Executive Officer, or equivalent)**

Name:

Title:

Date:

### To be Completed by ARB Department

Date Request Received by ARB

Air Resources Liaison Approval:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Air Resources Grant Manager Approval:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Financial Operations Branch:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Date to SCO